

## Incident Description

### **Release Impacts (Provide requested information):**

Impact	Workers	Public Responders	Public
Number of Deaths:	_____	_____	_____
Number of Injuries:	_____	_____	_____
Number Evacuated:	_____	_____	_____
Number Sheltered-In-Place:	_____	_____	_____
Equipment, Property or Product Damage (\$):	_____		

### **Environmental Damage (Check any that apply):**

<input type="checkbox"/> Fish or Animal Kills	<input type="checkbox"/> Soil Contamination
<input type="checkbox"/> Tree, Lawn, Shrub, or Crop Damage	<input type="checkbox"/> Other (Specify):
<input type="checkbox"/> Water Contamination	_____

### **Notification of Off-Site Emergency Responders (Check the one that applies):**

<input type="checkbox"/> Off-Site Responders Notified But Did Not Respond
<input type="checkbox"/> Off-Site Responders Notified and Responded
<input type="checkbox"/> Off-Site Responders Not Notified

### **Describe What Happened Including Circumstances Leading up to Incident:**

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### **Describe the Factors that Contributed to the Incident:**

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